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DIVISION OF CORPORATIONS
08 MAY 29 PM 2:03

J. BRYAN

MAY 30 2008

EXAMINER



scoven@smdklaw.com

May 23, 2008

VIA CERTIFIED MAIL

Attn: Registration Section/ Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Re: Articles of Organization- CLOFPF, LLC

Dear Clerk:

Enclosed please find an original and two copies of Articles of Organization for Florida Limited Liability Company Form in regards to the above-referenced matter. Please file the original and return the time-stamped copies in the enclosed self-addressed stamped envelope.

If you have any questions, please do not hesitate to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read "Steven H. Coven", is written above the printed name.

Steven H. Coven

SHC/jrb
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLOPPF, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven H. Coven, Esq.

(Name of Person)

Singerman, Mills, Desberg & Kauntz Co., LPA

(Firm/Company)

3401 Enterprise Parkway, Suite 200

(Address)

Beachwood, Ohio 44122

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven H. Coven, Esq. at (216) 292-5807
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLOPFP, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5400 S. University Drive

Suite 608

Davie, Florida 33328

Mailing Address:

5400 S. University Drive

Suite 608

Davie, Florida 33328

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Paul F. Carrazzone

Name

5400 S. University Drive

Florida street address (P.O. Box NOT acceptable)

Suite 608, Davie, Florida 33328

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Paul F. Carrazzone

5400 S. University Drive

Suite 608, Davie, Florida 33328

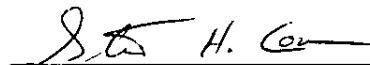
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Steven H. Coven, Esq.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)